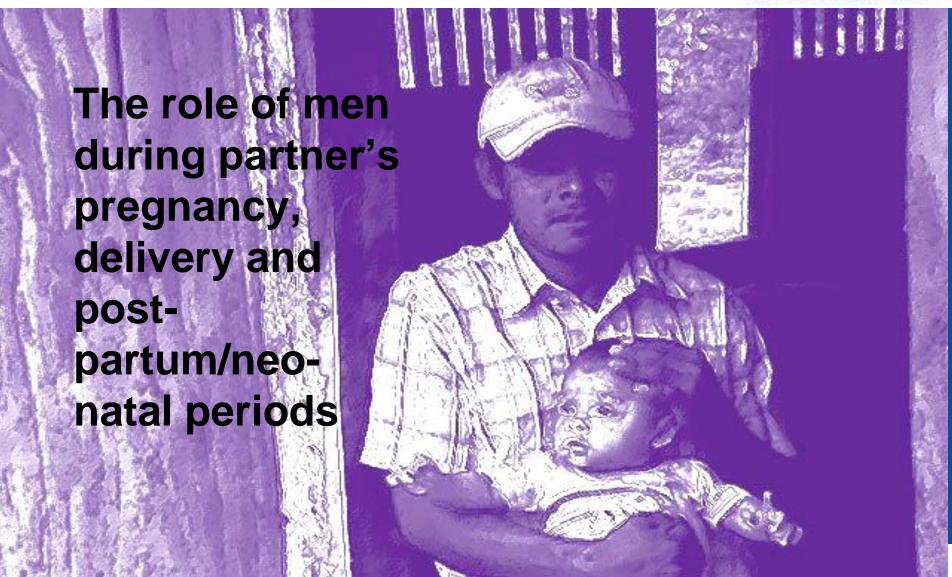
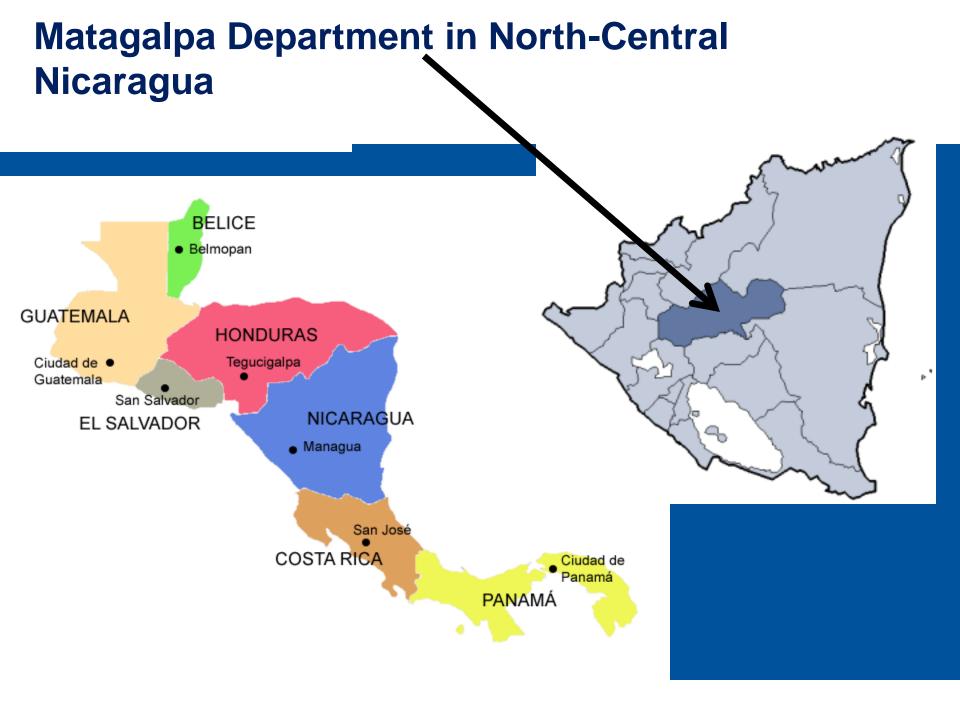


## CRS Nicaragua OR Presentation









### RS Project Context



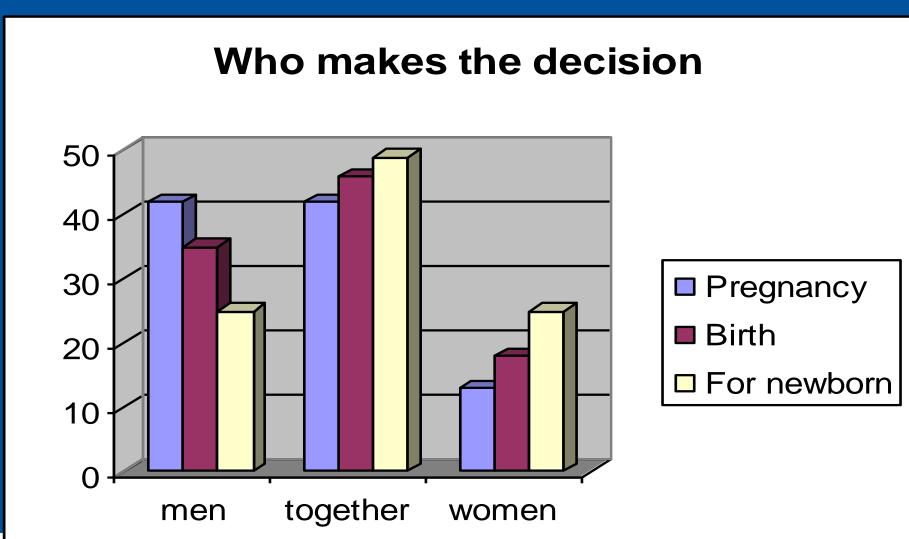
- Post-conflict area,
- Male dominated households, domestic violence.
- Traditionally men make decisions in their families
- Approach using a men lens to identify their readiness to probe new behaviors





### Problem





### <u>Hypothesis</u>





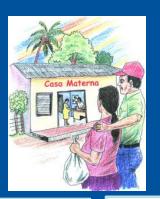
Fathers gain knowledge and skills about maternal and child care

Increases joint decision making about care seeking



Supports expecting and post partum wife with more household responsibilities

Improves healthy behaviors of household members before, during, and after birth





Reduces harmful gender norms that prevent women from accessing timely obstetric and newborn care services

Improves family-level self-referral and community-level referrals to appropriate institutional health services and increases demand for these services

Improves antenatal care, institutional deliveries, and ultimately healthier pregnancies and newborns



### OR phases



- Formative Research
- Summative Research



### Formative Research



### Phase 1: Formative Research

- To identify key factors, perceived benefits, barriers that influence men behaviors regarding making joint decisions to seeking care and their involvement in their wives and children health, and
- to ascertain their willingness to adopt new behaviors and how liable they are to practice them.



#### Formative research



Phase 2: Probing phase To develop an approach to implement and monitor the BCC interventions to promote behaviors and develop draft **BCC** materials



% Behaviors practiced by men	
Collected firewood and water	76
Supported wife with household work	100
Took care of newborn and older children day and night	71
Fed older children	98
Made joint decision with wife to stay at the maternity waiting home seven days post partum	75
Found someone to take care of the house when they sought care at health units	80
Accompanied wife to ANC and ask questions during care	66
Accompanied wife during labor and delivery	50



### **Formative Research**



Phase 3: Strategy Launching and Implementation

To carry out a smallscale pilot testing of the intervention, including assessment reaction to draft BCC materials.





### **OR Objectives**



- To assess men's knowledge in recognizing danger signs during pregnancy, labor and delivery, post partum and new born periods.
- To determine if participating men change their behaviors concerning health care seeking decisions and taking care of their family's health.
- To measure health outcomes in increasing maternal and newborn care.



## Summative Research Objectives



- Design based on 20 target communities and 20 control communities (within the 100 communities where the CSP is being implemented).
- CIES conducted a baseline, midterm and a final surveys to measure changes in the population.



## Summative Research methods

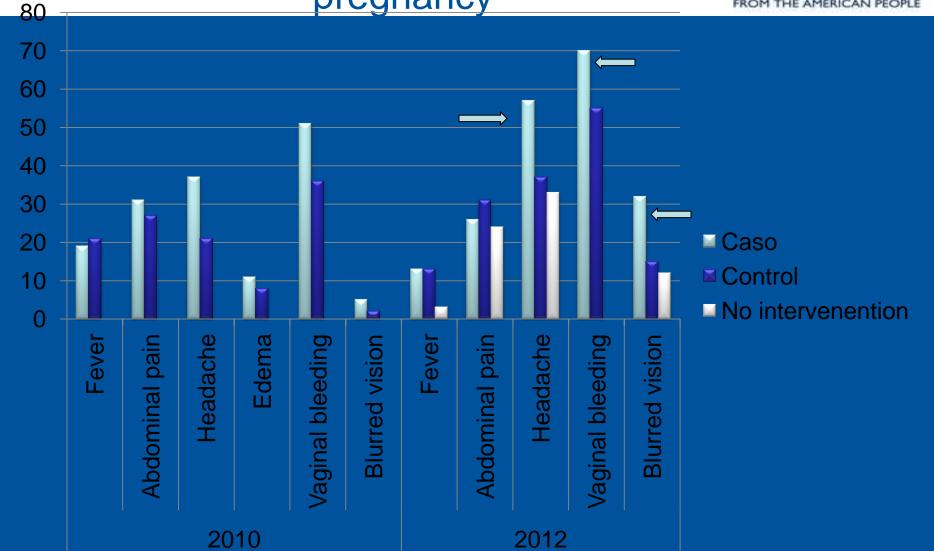


- Study methodology: The project conducted two types of surveys as part of the baseline: KPC and qualitative studies. This information was used to prioritize seeking care indicators that the project wanted to increase
- Study population: Men from the rural area and their partners (pregnant or with children under two years old).
- Inclusion criteria: Men from the rural area whose partners are pregnant, are post partum or have children under two years old.
- Sampling methodology: All men and their partners who fit the above-described criteria and are participating in the behavioral change activities.



# Men's knowledge danger sings during pregnancy

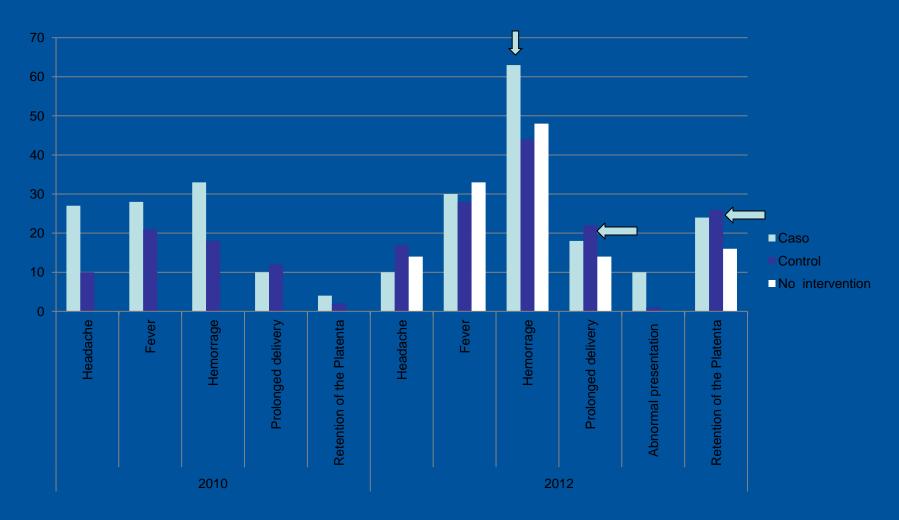






# Men's knowledge danger signs during Labor and delivery

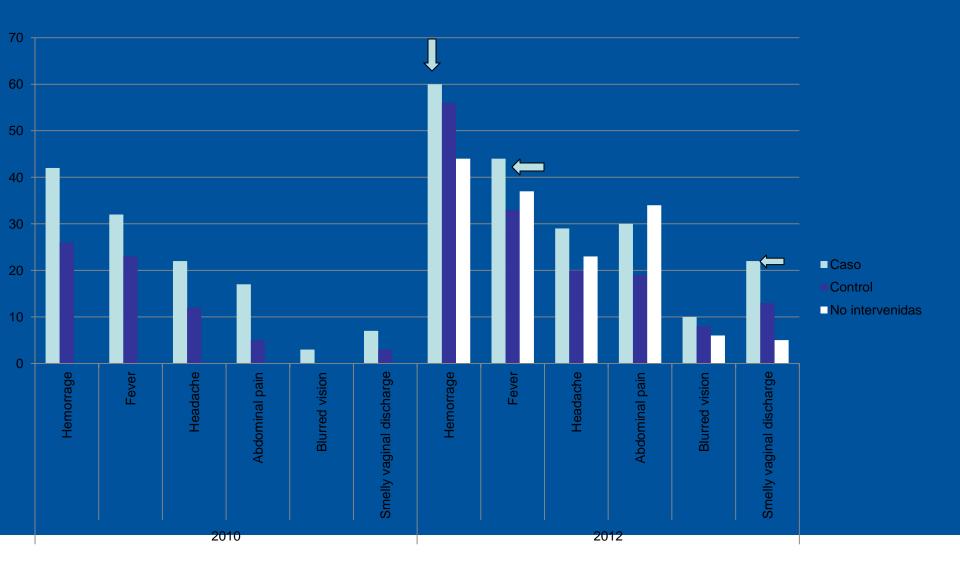






## Men's knowledge danger signs during postpartum period

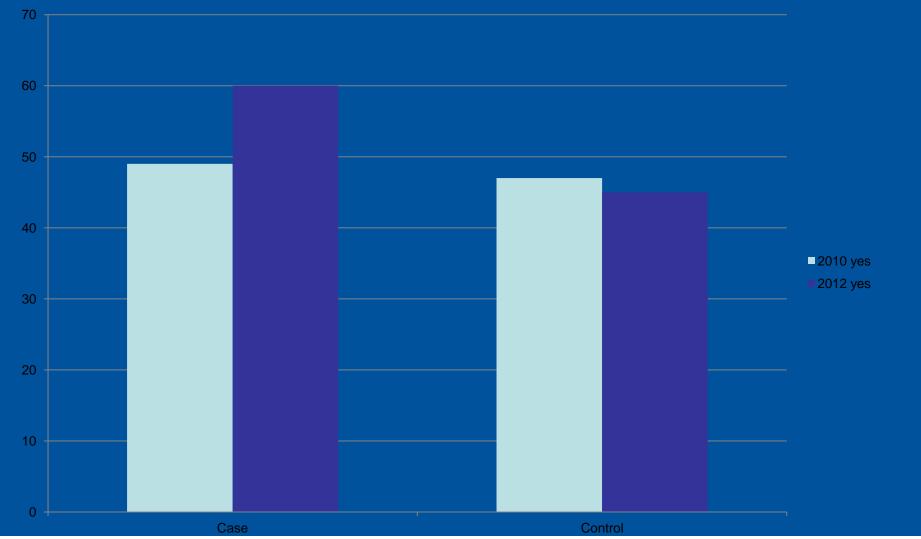






## Men accompanied wife to ANC

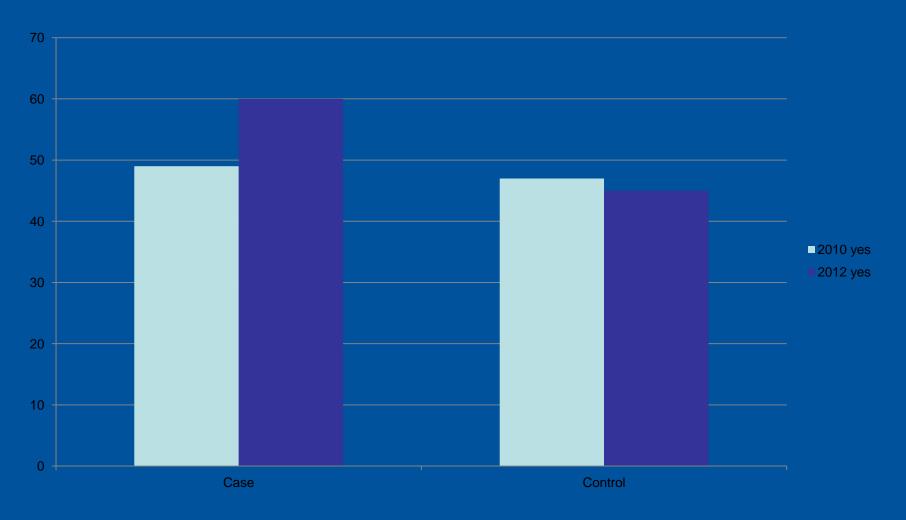






# Men accompanied wife to HFs for newborn care

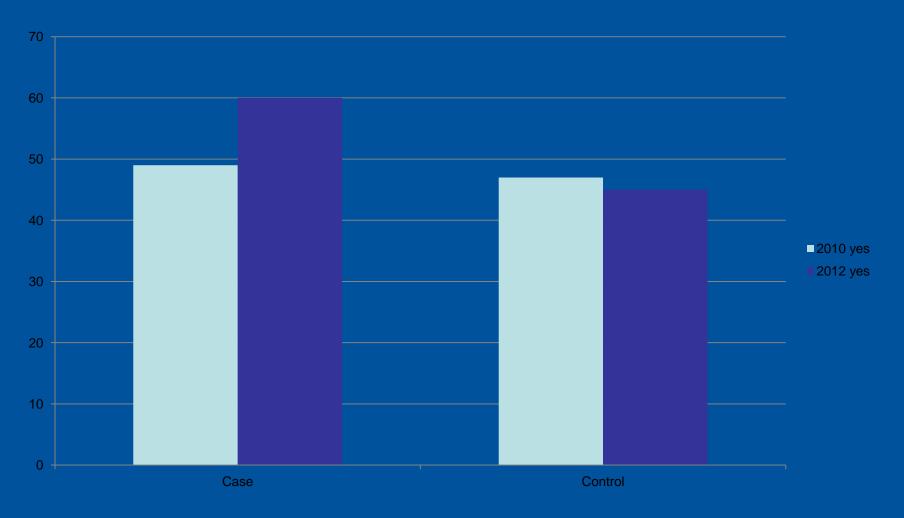






## Men who participated in the delivery of their child



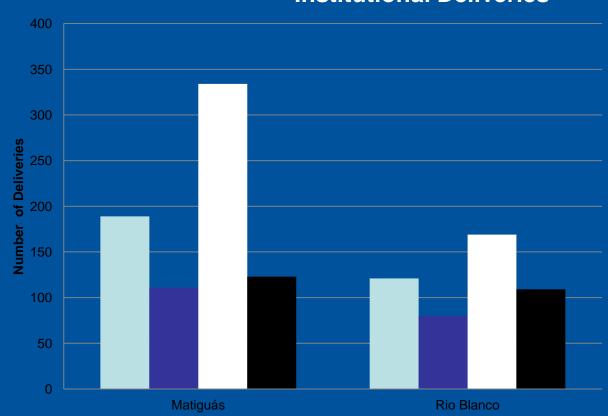




### Results



#### **Institutional Deliveries**





- ■2008 comunidades del Proyecto
- 2008 comunidades sin el Proyecto
- ■2011 comunidades del Proyecto
- 2011 comunidades sin el Proyecto



## Innovative dimensions of the intervention



- The systematic approach of using a men lens
- Identifying willingness, barriers and enablers for key stakeholders probe new behaviors.
- Creating a supportive environment for men at household, community and facility levels
- This approach could be applicable to other post conflict settings with similar household dynamics.



### Best practices



- Engaging key stakeholders during project cycle
- Implementing Behavior Change Communication at household, community and health facility levels.
- Sharing innovation progress (lessons learned and best practices.)
- Influencing the sub national obstetric and newborn program
- Documenting and sharing innovation results with partners NGOs, and other governmental organizations



## Challenges, lessons learned



- Formative research phase took longer than expected (over18 months)
- Probing phase was from July 2009/June2010, and OR baseline was done until June, 2010, indicators already increased
- The need to include health staff in BCC for men to practice some behaviors at the facility level
- "contamination of control communities" difficult to avoid due to other project interventions (c-BPS)
- Family and labor commitments of the BCC counselors, they could not devote enough time to follow up with the men they were counseling.
- Some BCC counselors emigrated for economic reasons as the project did not provide economic incentive

#### **Care Intervention Impact Model** Supporting Women in Timely Care Seeking for Maternal and Neonatal Health Equipping and Training CHWs: to RELIEF SERVICES Father-Focused Counseling: ) evaluate pregnancy risks, 2) refer to **Humanizing Institutional Care:** institutional care & 3) first responders Coordination MoH health staff capacity-building Communication to obstetric and neonatal health activities emergencies Fathers gain knowledge MoH health staff gain technical Salubristas organize community birth and skills about maternal and managerial skills provide an planning and implement obstetric and and child care improved environment for mothers, newborn emergency transport teams fathers and families (ETTs) Communities with birth plans, functioning referral systems for Maternal Waiting Houses Increases joint decision (MWHs) making about care Improves healthy seeking behaviors of household Health services provide members before, during, Supports expecting and high-quality and culturaland after birth new mothers with more sensitive maternal and household child care responsibilities

Reduces harmful gender norms that prevent women from accessing timely obstetric and newborn care services

Improves family-level self-referral and community-level referrals to appropriate institutional health services and increases demand for these services

Improves quality of antenatal care, institutional deliveries, and ultimately healthier pregnancies and newborns